

Arizona Department of Health Services

OCDPNS Nutrition Standard

Pregnant Women

Dietary Quality/Appropriate Nutrition:

Macronutrients (1, 2, 3)

- **Protein:**
71 grams/day
10-35% of total energy intake
- **Carbohydrates:**
175 grams/day
45-65% of total energy intake
- **Total fat:**
20-35% of total energy intake

Essential Fatty Acids:
Omega-6 = 13 grams/day (5-10% of total energy intake)
Omega-3 = 1.4 grams/day (.6-1.2% of total energy intake)
- **Total Fiber:**
28 grams/day

Persons > 2 years should follow Dietary Guidelines

Aim for Fitness...

- Aim for a healthy weight.
- Be physically active each day.

Build a Healthy Base...

- Let the Pyramid guide food choices.
- Choose a variety of grains daily, especially whole grains.
- Choose a variety of fruits and vegetables daily.
- Keep food safe to eat.

Choose Sensibly...

- Choose a diet low in saturated fat and cholesterol and moderate fat intake.
- Choose beverages and foods to moderate your intake of sugars.
- Choose and prepare foods with less salt.

Food Guide Pyramid Servings and Sizes

Use the Food Guide Pyramid to guide choices:

Recommended Daily Food Guide Pyramid Servings (2,3 4)	
<i>Food Group</i>	<i>Pregnant Teenagers and Women (2,500-2,700 calories)</i>
Grains Group	9
Vegetable Group	4
Fruit Group	3
Milk and Dairy Group	2-3*
Meat and Beans Group	2, for a total of 6 ounces

**Pregnant teenagers may need an additional serving from this group*

- 2 – 3 ounce servings from Meat and Beans Group

Serving Sizes – Meat and Beans Group (meat, poultry, fish, dry beans, eggs, and nuts)

2-3 ounces of cooked lean meat, poultry, or fish
1/2 cup of cooked dry beans or 1 egg counts as 1 ounce of lean meat
2½ ounce soyburger or ½ cup tofu counts as 1 ounce of meat
Two tablespoons of peanut butter or 1/3 cup of nuts count as 1 ounce of meat.

- 9 servings from Grains Group, emphasizing whole grains

Serving Sizes – Grain Products Group (bread, cereal, rice, and pasta)

1 slice of bread
About 1 cup of ready-to-eat cereal
½ cup of cooked cereal, rice, or pasta

Some foods fit into more than one group. Dry beans, peas, and lentils can be counted as servings in either the meat and beans group or vegetable group. These foods can be counted as servings from either one or the other group, but not both. Serving sizes indicated here are those used in the Food Guide Pyramid and based on both suggested and usually consumed portions necessary to achieve adequate nutrient intake. They differ from serving sizes on the Nutrition Facts Label, which reflect portions usually consumed.

Iron

Recommended Dietary Allowance (RDA): (6)

27 milligrams/day

Upper Limit (UL):

45 micrograms/day

Iron Supplementation

It is recommended that all pregnant women be prescribed an iron supplement of 30mg/d, beginning at the first prenatal visit (7). For women taking supplements with more than 30mg/d iron, it is recommended to take 15mg Zinc (Recommended Dietary Allowance 12mg/day <age 18; 11mg/day age 19-50. Upper Limit 34mg/d ay <age 18; 40mg/day age 19-50) and 2mg Copper (Recommended Dietary Allowance 1000 micrograms/day for all ages. Upper Limit 8000micrograms/day <age 18; 10000micrograms/day age 19-50) (6).

Recommended intake assumes 75% of iron is from heme, or absorbable, iron sources (6).

When a low hemoglobin or hematocrit is confirmed by a repeat test, an oral dose of 60-120 milligrams/day or iron should be prescribed (4).

Cut-off values for pregnancy parameters (4, 7)

Parameter	1 st Trimester	2 nd Trimester	3 rd Trimester
Hemoglobin (grams/L)	110	105	110
Hematocrit (%)	33.0	32.0	33.0

Iron Screening (7)

Encourage pregnant women to eat iron-rich foods and foods to enhance iron absorption. Women whose diets are low in iron are at higher risk for iron-deficiency anemia; guide these women to maximize their dietary iron intake.

Screen for anemia at the first prenatal care visit. If hemoglobin is <90 grams/L or hematocrit is <27.0%, refer them to a healthcare provider for further evaluation.

*Adjust for altitude as specified by the Centers for Disease Control and Prevention

Fruit/Vegetable Intake

Vitamin A (8)

Dietary Reference Intake (DRI):

- <18 years: 750 micrograms/day
- 19-50 years: 770 micrograms/day

UL:

- <18 years: 2800 micrograms/day
- 19-50 years: 3000 micrograms/day

Vitamin C (8)

DRI:

- <18 years: 80 milligrams/day
- 19-50 years: 85 milligrams/day

UL:

- <18 years: 1800 milligrams/day
- 19-50 years: 2000 milligrams/day

Significant scientific evidence supports the recommendation to consume 5-9 servings of fruits and vegetables each day to improve health and lower risk for cancer, heart disease, and other conditions. To increase consumption of fruits and vegetables:

- Eat a variety of colorful fruits and vegetables each day.
- Include vegetables and fruits at every meal and for snacks.
- Limit French fries, snack chips, and other fried vegetable products.
- Choose 100% fruit and vegetable juices.

Use the Food Guide Pyramid to guide choices:

- Minimum of 4 servings of vegetables
- Minimum of 3 servings of fruit

Serving Sizes – Vegetable Group

1 cup of raw leafy vegetables
½ cup of other vegetables -- cooked or chopped raw
¾ cup of vegetable juice

Serving Sizes – Fruit Group

1 medium apple, banana, orange
½ cup of chopped, cooked, or canned fruit
¾ cup of fruit juice

Calcium and Vitamin D

Calcium (6)

DRI

- <18 years: 1300 milligrams/day
- 19-50 years: 1000 milligrams/day

Vitamin D: (8)

DRI

- All ages: 5 micrograms/day

UL

- All ages: 50micrograms/day

Supplementary vitamin D is recommended for women living in northern locations during the winter (2). Preferred sources of vitamin D are dietary (1).

Use the Food Guide Pyramid to guide choices:

- 2-3 servings from Milk and Dairy Group

**Pregnant teenagers may need an additional serving from this group (4)*

Serving Sizes – Milk and Dairy Group

1 cup of milk or yogurt
1-1/2 ounces of natural cheese
2 ounces of processed cheese

Recommend fat free or low fat dairy products. This includes lactose-free and lactose-reduced milk products. One cup of soy-based beverage with added calcium is an option for those who prefer a non-dairy source of calcium.

Folic Acid

DRI (8):

- All ages: 600 micrograms/day

UL:

- <18 years: 800 micrograms/day
- 19-50 years: 1000 micrograms/day

Upper Limit (UL) applies to synthetic forms from supplements and fortified foods.

Folic acid supplementation is particularly important prior to conception and during the first 3 months of pregnancy (9). Women who have had a previous child with a neural tube defect should speak to their Health Care Provider. Their folic acid needs may be higher (4). Vegans and other strict vegetarians should also take a supplement of vitamin B12, because low folate and vitamin B12 are independent risk factors for neural tube defects.

Additional Considerations (4,5)

- Pregnant women should not drink alcoholic beverages at all. (4)
- Prudent advice would be to discourage daily caffeine intake >300mg/day (3 – 5 ounce cups of percolated coffee, 5 – 10 ounce cups of tea, 8 cans diet soda)
- Consumption of herbal tea should be limited.
- Acesulfame-K and Aspartame appear to be safe during pregnancy.
- Pregnant women should consume moderate amounts of foods containing nitrates, nitrites and saccharin.
- Avoid use of herbal & botanical supplements until their safety during pregnancy has been ascertained.
- Special nutritional & medical needs should be addressed for the following situations (but not limited to):
 - ❖ Vegetarian/vegan women
 - ❖ Adolescents
 - ❖ Herbs
 - ❖ Cravings/aversions
 - ❖ Multiple births
 - ❖ PKU
 - ❖ Diabetes and gestational diabetes
 - ❖ PIH
 - ❖ HIV/AIDS
- Women with preexisting diabetes should achieve good blood glucose control before conception (5).
- Pica- compulsive intake of nonfood substances over a sustained period of time. These women may be exposed to lead or other environmental toxicants and usually exhibit reduced serum ferritin and hemoglobin values causing a smaller head circumference in the infant (4).
- Pregnant women should not smoke. Pregnant women who smoke should be advised to speak to the health care provider.
- Pregnant women should be advised to avoid second-hand smoke.
- Ensure adequate fluid intake by consuming 8-10 glasses of fluids daily; do not overuse salt but it shouldn't be restricted.

Healthy Weight

Bringing maternal weight into a healthy range before pregnancy makes conception easier, improves pregnancy outcomes, and may enhance lactation performance. (4)

Pregnant women carrying one child should consume an extra 300 calories/day to support the pregnancy; young adolescents (<14) need an extra 500 calories/day in the second & third trimesters. (4)

Screening

Body Mass Index (BMI) is a measure of weight in relation to height. It is calculated as weight (in kilograms) divided by height (in meters) squared. BMI is only one factor used to predict risk for disease; it is not a diagnostic tool. (10)

Weight gain recommendation during pregnancy should be individualized according to prepregnancy BMI to improve pregnancy outcome, avoid excessive maternal postpartum weight retention and reduce risk of adult chronic disease in the child (4).

An online BMI Calculator is available at: <http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-means.htm>

Guidelines for Prenatal Weight Gain (4, 11): BMI (kg/m²) Total Recommended Weight Gain >12 weeks gestation

BMI	Weight gain (pounds)	Pounds per week
<19.8	28-40	~1
19.8-26.0	25-35	~.88
26.0-29.0	15-25	~.66
>29.0	15	No data
Twin pregnancy	34-45	1.54
Triplet pregnancy	Overall 50	No data

Women with a BMI <19.8 are at high risk of having a LBW infant if their weight gain is inadequate. Even women with a BMI >29.0 should gain at least 7 kg. Women who lose weight or gain less than 6 kg are more likely to deliver an infant that is small for gestational age.

Physical Activity (4, 12)

- Healthy women with uncomplicated pregnancies may continue to exercise on a regular basis with an awareness of appropriate activities.
- A woman who has not been exercising before pregnancy should first talk to her doctor before beginning an exercise program. It is recommended to accumulate 30 minutes a day of moderate exercise on a regular basis, including walking, swimming, running, aerobic dancing, and riding on a stationary bike.
- Activities that **may not** be safe may include ball games, weight lifting, scuba diving, contact sports, martial arts, sprinting, activities that increase risk of falling or requiring balance, especially late in pregnancy, or strenuous activities that could lead to hyperthermia.
- Pregnant women who exercise should maintain adequate calories, nutrients, fluids, and avoid strenuous exercise, especially in very warm or very cool temperatures.

Contraindications:

Exercise is contraindicated for women with conditions such as pregnancy-induced hypertension, preeclampsia, preterm rupture of membranes, history of preterm labor, persistent second or third trimester bleeding, incompetent cervix, or any sign of intrauterine growth retardation.

Oral Health (6, 13, 14, 15)

Fluoride

DRI:

All ages of pregnant women: 3 milligrams/day

UL:

All ages of pregnant women: 10 milligrams/day

Pregnant women should go to the dentist early and continue brushing and flossing. Dental treatment may be safely rendered at any time during pregnancy; however, elective treatment is generally avoided during the first trimester as well as during the last half of the third trimester. If there are concerns about a dental procedure's effects on pregnancy, the woman should ask her dentist to contact her obstetrician for guidance. Dental x-rays should only be performed during pregnancy if necessary for diagnosis and treatment.

Concentration of optimal fluoride in water for maximal dental caries prevention is 0.7 ppm to 1.2 ppm.

To prevent dental caries: Drink fluoridated water (not all bottled water contains fluoride), use fluoridated toothpaste, brush & floss regularly, have dental sealants applied to pits/fissures of teeth & consume sugars in moderation.

Food Security (16, 17, 18, 19)

Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.

Hunger and food insecurity are most prevalent among households with incomes below the official poverty level, and in households headed by single women with children.

Arizona Farmers' Market Nutrition Program: The WIC Farmers' Market Nutrition Program (FMNP) is associated with the Special Supplemental Nutrition Program for Women, Infants and Children, popularly known as WIC, provides supplemental foods, health care referrals and nutrition education at no cost to low-income pregnant, breastfeeding and non-breastfeeding post-partum women, and to infants and children up to 5 years of age, who are found to be at nutritional risk. Women, infants (over 4 months old) and children that have been certified to receive WIC program benefits or who are on a waiting list for WIC certification are eligible to participate. For additional information, call (800) 362-0101.

Child and Adult Care Food Program: Child and Adult Care Food Program provide nutritious meals and snacks to children and adults.

Free Meals	Incomes at or below 130 percent of the poverty level
Reduced meals	Incomes between 130 percent and 185 percent of the poverty level
Full price meals	Incomes over 185 percent of poverty level

Commodity Supplemental Food Program: The population served by CSFP is similar to that served by USDA's [Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#), but CSFP also serves people who are 60 years or older, and provides food rather than the food vouchers that WIC participants receive. Eligible people cannot participate in both programs at the same time. CSFP food packages do not provide a complete diet, but rather are good sources of the nutrients typically lacking in the diets of the target population. For additional information, call (800) 362-0101.

Food Banks, Food Pantries, and Emergency Feeding Centers: Food: Banks and Pantries can give an emergency supply of food. For additional information, call Community Information and Referral at (800) 352-3792.

Food Stamp Program: The Food Stamp Program provides low-income families with electronic benefits they can use like cash at most grocery stores to obtain a more healthy diet. Eligibility is based on the Food Stamp household's resources (such as bank accounts), income, and other requirements such as residence, citizenship or qualified non-citizen status and cooperation with the Department of Economic Security's Food Stamp Employment and Training Program. For more information call 1-800-352-8401 or visit www.arizonaselfhelp.org/

School Lunch and Breakfast Program: The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. For additional information, please call Arizona Department of Education (602) 542-8700.

Free Meals	Incomes at or below 130 percent of the poverty level
Reduced meals	Incomes between 130 percent and 185 percent of the poverty level
Full price meals	Incomes over 185 percent of poverty level

After-school snacks are provided to children on the same income eligibility basis as school meals. However, programs that operate in areas where at least 50 percent of students are eligible for free or reduced-price meals serve all snacks free.

Senior Nutrition Programs: This program is designed to provide older Americans with low cost nutritious meals through both Congregate Meals and Meals delivered at home. Also, several private organizations provide "Meals-on-Wheels" service. For additional information, please call Elder Resource and Referral at (602) 542-4446.

Summer Food Program: The Summer Food Service Program ensures that children in lower-income areas receive nutritious meals during long school vacations, when they do not have access to school lunch or breakfast. SFSP sponsors receive payments for serving healthy meals and snacks to children and teenagers, 18 years and younger, at approved sites in low-income areas. For additional information, please call Arizona Department of Education (602) 542-8700.

WIC – Women, Infants and Children: The Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program - serves low-income women, infants, & children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. For additional information, call the WIC hotline at (800) 362-0101. Income at or below [185 percent of the Federal poverty income guidelines](#).

Food Safety (4, 20, 21, 22)

- To reduce the risk of listeriosis, pregnant women should avoid raw or undercooked meat, poultry, eggs, fish and shellfish. They should cook leftovers and ready-to-eat foods (hot dogs & cold cuts) to steaming hot.
- Women should avoid getting fluid from hot dog packages on other foods, utensils and food preparation surfaces, and wash hands after handling hot dogs, luncheon meats & deli meats.

- Women should avoid soft cheeses such as brie, feta, blue-veined, Camembert, homemade and soft Mexican-style cheeses, homemade cheese or cheese purchased from street vendors, unless they clearly state that they are made from pasteurized milk.
- Women should not eat refrigerated patés or meat spreads. Canned or shelf-stable patés and meat spreads may be eaten.
- Do not eat refrigerated smoked seafood, unless it is contained in a cooked dish, such as a casserole. These may be labeled as “nova-style,” “lox,” “kippered,” “smoked,” or “jerky.” Canned or shelf-stable smoked seafood may be eaten.
- Pregnant women should also avoid unpasteurized dairy products (ie: unpasteurized milk and cream) and raw sprouts.
- Pregnant women should be advised that consuming unpasteurized juice may increase their risk of food borne illness.
- Pregnant women should avoid consuming large fish including shark, swordfish, king mackerel and tilefish because they have unsafe levels of methylmercury.
- Twelve ounces or less/week of other types of fish is safe, but women should contact their state about special advisories in the local area.
- Limit their consumption of canned albacore (“white”) tuna or fresh tuna to no more than 6 ounces per week.
- Check local advisories about the safety of fish caught in local lakes, rivers, and coastal areas. If no advice is available, eat no more than 6 ounces per week of locally caught fish, and do not consume any other fish during that week
- If more than the recommended amount of fish is eaten in one week, eat less in the following weeks.

Provide information on preventing food borne illness when providing nutrition education.
Important information to include:

Clean – Wash hands and surfaces often.

Wash hands in hot soapy water for at least 20 seconds before preparing food and after using the bathroom, changing diapers and handling pets. Wash cutting boards, knives, utensils and counter tops in hot soapy water after preparing each food item and before going on to the next one. Use plastic or other non-porous cutting boards. Cutting boards should be run through the dishwasher - or washed in hot soapy water - after use.

Separate – Separate raw, cooked, and ready-to-eat foods while shopping, preparing, or storing.

Separate raw meat, poultry and seafood from other food in the grocery cart. Store raw meat, poultry and seafood on the bottom shelf of the refrigerator so juices don’t drip onto other foods. If possible, use one cutting board for raw meat products and another for salads and other foods that are ready to be eaten. Never place cooked food on a plate that previously held raw meat, poultry or seafood.

Cook to a safe temperature.

Use a meat thermometer, which measures the internal temperature of cooked meat and poultry, to make sure that the meat is cooked all the way through. Cook roasts and steaks to at least 145°F. Whole poultry should be cooked to 180°F for doneness. Cook ground meat, where bacteria can spread during grinding, to at least 160°F. If a thermometer is not available, do not eat ground beef that is still pink inside. Cook eggs until the yolk and white are firm, not runny. Don't use recipes in which eggs remain raw or only partially cooked.

Chill - Refrigerate perishable foods promptly.

Refrigerate or freeze perishables, prepared food and leftovers within two hours. Never defrost (or marinate) food on the kitchen counter. Use the refrigerator, cold running water or the microwave. Divide large amounts of leftovers into small, shallow containers for quick cooling in the refrigerator.

Useful Resources:

For other food safety information from

www.FoodSafety.gov

<http://www.fightbac.org/main.cfm>

<http://vm.cfsan.fda.gov>

www.fsis.usda.gov

1-888-SAFEFOOD for seafood, fruits and vegetable information from the US Food and Drug Administration

1-800-535-4555 for meat and poultry information from the United States Department of Agriculture.

Shopping/Food Resource Management

Plan meals to save money, time and effort.

Make a grocery list of all the foods needed. Make meals easier to prepare by trying new ways to cook foods and use planned leftovers to save both time and money.

Cost Saving Tips

Look for specials in the newspaper ads for the stores and for coupons for foods on the grocery list.
--

Look for bargains on day-old bread and bakery products
--

Consider buying in bulk.

Buy fresh fruits in season.

Nonfat dry milk is the least expensive way to buy milk.

Use label and shelf information in the grocery store to compare fresh, frozen, and canned foods and convenience foods versus scratch foods to see which is less expensive.

Use dry beans and peas instead of meat, poultry, or fish.

Policy/Environmental Support

US Department of Labor

Family Medical Leave Act (23)

Covered employers (50+ employees) must grant eligible employees up to a total of 12 work weeks of unpaid leave during any 12-month period for the birth and care of a newborn child of the employee.

Breastfeeding Policies

Employers should be encouraged to adopt workplace breastfeeding policies to enable a new mother to provide breast milk to her infant during the work day. This could include bringing her fully breastfed infant to work with her until a designated age or allow work time and space for her to pump and store breast milk.

References

1. Food and Nutrition Board (FNB), Institute of Medicine (IOM). Dietary Reference Intakes: Macronutrients (Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids. National Academy of Sciences; 2002.
2. United States Department of Agriculture (USDA) and United States Department of Health and Human Services (HHS). Dietary Guidelines for Americans. 5th ed. Home and Garden Bulletin 2000; 232.
3. US Department of Agriculture, Center for Nutrition Policy and Promotion. The Food Guide Pyramid. Home and Garden Bulletin 1992; 252.
4. American Dietetic Association. Position of the American Dietetic Association: nutrition and lifestyle for a healthy pregnancy outcome. Journal of the American Dietetic Association [serial on the Internet]. 2002;102(10):1479-1489. Available from: <http://www.eatright.org> (position paper index)
5. American Diabetes Association. Preconception care of women with diabetes. Diabetes Care. 2001;24:S66-S68.
6. Food and Nutrition Board (FNB), Institute of Medicine (IOM). Dietary Reference Intakes: Elements (Arsenic, Boron, Calcium, Chromium, Copper, Fluoride, Iodine, Iron, Magnesium, Manganese, Molybdenum, Nickel, Phosphorous, Selenium, Silicon, Vanadium). National Academy of Sciences; 2000.
7. Centers for Disease Control and Prevention (CDC), Recommendations to Prevent and Control Iron Deficiency in the United States; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); Morbidity and Mortality Weekly Report (MMWR) 1998 April 3.
8. Food and Nutrition Board (FNB), Institute of Medicine (IOM). Dietary Reference Intakes: Vitamins (Biotin, Choline, Folate, Niacin, Pantothenic Acid, Riboflavin, Thiamin, Vitamin A, Vitamin B6, Vitamin B12, Vitamin C, Vitamin D, Vitamin E, Vitamin K). National Academy of Sciences; 2000.
9. Centers for Disease Control and Prevention. Folic Acid and Prevention of Spina Bifida and Anencephaly. Morbidity and Mortality Weekly Report 2002;51(No. RR-13).

References – (continued)

10. Centers for Disease Control and Prevention. (2004). *BMI for Adults: What is BMI?*
Retrieved October 19, 2004, from <http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-adult.htm>
11. Thorsdottir, I., Torfadottir J., Birgisdottir, B., Geirsson, R. (2002, May). Obstetrics and Gynecology. Weight gain in women of normal weight before pregnancy: complications in pregnancy or delivery and birth outcome. Retrieved October 19, 2004 from <http://www.sciencedirect.com.ezproxy.ahsl.arizona.edu/science>
12. Artal, R. Exercise and Pregnancy. *Clinical Obstetrics & Gynecology*. 2003; 46(2)377-378.
13. American College of Obstetricians and Gynecologists (ACOG). (2000). Planning your pregnancy and birth, (3rd ed.). Washington, DC: Author.
14. American Dental Association Council on Access, Prevention, and Interprofessional Relations (ADA). (1995, December). ADA oral health care series: Women's oral health issues. Chicago, IL: American Dental Association.
15. Centers for Disease Control and Prevention. Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States. *Morbidity and Mortality Weekly Report* 2001;50(RR-14).
16. United States Department of Agriculture (USDA). Issues in Food Assistance, Reducing Food Insecurity in the United States: Assessing Progress toward a National Objective. United States Department of Agriculture, Economic Research Service, Number 26-1, May 2002.
17. American Dietetic Association (ADA). Position of the American Dietetic Association: Domestic Food and Nutrition Security. *Journal of American Dietetic Association*. Volume 102 Number 12, 2002 December.
18. United States Department of Agriculture (USDA), Household Food Security in the United States. United States Department of Agriculture, Economic Research Service. 2003 October.

References – (continued)

19. United States Department of Agriculture (USDA), Food and Nutrition Service (FNS),
The National Nutrition Safety Net: Tools for Community Food Security. United
States Department of Agriculture (USDA), Food and Nutrition Service (FNS),
FNS-314, 2003 August.
20. Centers for Disease Control and Prevention. 2003. Listeriosis. Available at
http://www.cdc.gov/ncidod/dbmd/diseaseinfo/listeriosis_g.htm. Accessed February
11, 2004.
21. Food and Drug Administration. 2001. An Important Message for Pregnant Women and
Women of Child-Bearing Age who may become Pregnant about the Risks of
Mercury in Fish. Available at <http://vm.cfsan.fda.gov/~dms/admehg.html>. Accessed
February 11, 2004.
22. Gallo, A, Levin M. (2004). Issue Brief: Methylmercury in Fish: The Facts. Retrieved
April 20, 2004 from <http://www.center4policy.org/methylmercury2.html>.
23. US Dept of Labor: Family Medical Leave Act (1993). Available from:
<http://www.dol.gov/index.htm>